301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 1. PLACE OF DEAT USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY Maryland by the fand 2 s death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Rural Ridgely d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddres 4. DATE Month DECEASED DEATH (Type or print) 6. COLOR OR RACE 7. HARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR pue last birthday) WIDOWED A DIVORCED [EMALE OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired)
Housewife None Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending James Johnson Isabell Lewis a 16. SOCIAL SECURITY NO. I 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address removal (Yes, no, or unknown) | (If yes give war or dates of service signed by the Mary E. Adams Ridgely, Maryland Unknown 18. CAUSE OF DEATH |Enter only one cause per line for here an lage PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO u bace to Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION Ellu ama 20e. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., etc.) Not While While MEDI Hour a.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from 18 Alice ... 1962 that (I) (we) last saw the deceased alive on. 1716 1962, and that death occurred at 27th, from the causes and on the date stated above. 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. death. Page t Reus Per 22c. PHYSICIAN'S 22d. ADDRESS Reus Laux director, be filed 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Mission Ridgely, Maryland y REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR ADDRESS VR A15 (4) DATECTA

(County)

Caroline

e. IS RESIDENCE

IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

PERFORMEDI

NO

(Stete)

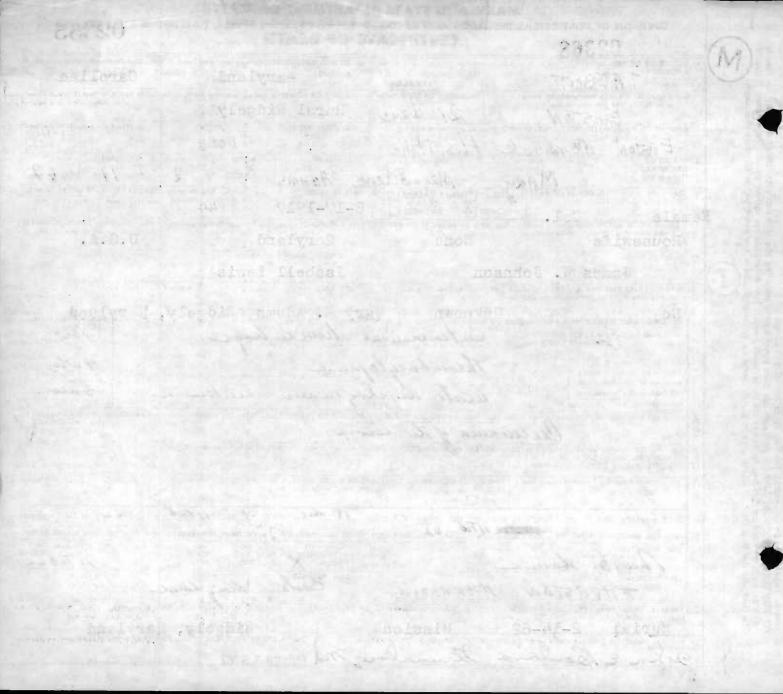
22b. DATE

121662

SIGNED

U.S.A.

ON A FARM YES NO A



FOR STATE HEALTH DEPT.

cessary, or. Page of Thealth, ur files. TO DEPUTY MY TAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute in partificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremetion, or removal, and in any event within 72 hours efter death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (12369 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-	
1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, II institution, Residence before admission) a. COUNTY A. COUNTY
	MARYLAND 8. STATE MA. 6. COUNTY TA/BAT
	b. CITY OR TOWN (if oulside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if oulside corporate limits, write RURAL and give nearest town)
	write BURAL end/giva nearast town)
_	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM?
	U dd D FOK V YES □ NO X
3	NAME OF DECEASED AND First Middle All Last 4. DATE Month Day Year
	(Type or print) / THRY M HILEN DEATH TED 3 1962
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	FEMALO NEGRO WIDOWED & DIVORCED Cct. 16, 1901 (c) yrs. Months Days Hours Min.
10	W. USUAL OCCUPATION (Give Wind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slate or foreign country) 12. CHIZEN OF WHAT COUNTRY?
d	ona during most of working life ven if retired)
-	LABOREX VIRginia U.S.H.
1	FATHER'S NAME
/ -	John H. Miller Ullhown
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. TINFORMANT Address (as, A. Joy Unkown) (Utyas give war or datas of service)
1	(If yas give war or datas of service) Dorthy Reddick Earlow, nd
-	18. CAUSE OF DEATH [Enlar only one cause par line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: Clappy XIRTION SINOKE. ONSET AND DEATH
	DUE TO ,
	Conditions, if any, which (b)
	gave rise to Immadiate cause (a), stating the undarlying DUE TO
1	causa last. (c)
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
ITY.	YES NO T
CERTIFICATION	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
1 2	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
-1.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 1 20f. (City or lown) (County) (State)
WEDICAL	Hour was , Whila Not Whila O factory, street, office bldg., atc.)
A	C530 p.m. 2-3 1962 at work at work & norme Trs Portst Epstrula Mul
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
	ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
	SIGNATURE DEPUTY MEDICAL EXAMINER (X)
	EXAMINER'S
2:	Addrass (Street, city, town, or county) a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
-	AGNOVAL (Specify)
_	Durid 12 1-6 of chicago com, 1 1 a fork, mai
2	3. FANERAL DIRECTOR 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	tumes to lookel barron, m. O. DATE on 9 162 Chilling & Thomas
-	

4 Mole En sole Female Westerna The state of the s Y ZAROBY Soite, Reliabel Ton but Maria 1 - 28 - 2 & British Burney Brown of the Mr. Mills was the while have in the land of the

15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02357

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY	e. STATE MAS b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL end give neerest town)	E CITY ON TOWN (II DUSING COMPOSITE HINTIS, WHITE KOKAL SING GIVE HOUSE COMP
EASTON 24 hrs.	29 Gastow
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
MEMORIAL Hospital	404 WINTEN SUR YES NO TO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Details (1)	7 h n 4/20 DEATH 2 15 10 6 2
110 DERI CITUER C	JIHNCE 1 2 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Male white WIDOWED DIVORCED []	Jec. 29. 1927 34 m.
10m. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Maribud ().5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 2 1 0 0	AAA'. 1 T C / /
rE2/16 K. Chance	Mildred E. Joulsoy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (lifyesgivewerordatesofservice)	INFORMANT Address
Wa 215-16-3064	Mrs. Noncy Chance Eastow, Md
18. CAUSE OF DEATH [Enter only one cause per lige forge), (b), end (c).	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Mola 1 To Vi	2 deno Carcin Orma of ONSET AND DEATH
IMMEDIATE CAUSE (6)	80 0110 C83 C111 C1718 C1
DUE TO-	Aluin to
Conditions, if any, which \ (b) 10/7-65, 10/7/95	RIVER OUT 10
geva rise to immediate cause (a), stating the underlying	
cause last.	TO OT ESOPHENUS
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
OF CONTRACTOR OF	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH UTILITY MEDICAL EXAMINER)	YES NO L
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter neture of injury in Pert I or Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While Not While et work	tory, street, office bldg., etc.)
11/ +	, 19, to, 19, that (I) (we) last
saw the deceased alive to the saw the deceased alive to the saw that the saw the deceased alive to the saw the saw the deceased alive to the saw the deceased alive to the saw t	t death occured at 3. 18.M, from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING MED. STAFF V 1-F 1 226. DATE
CC Sohner	A.D. PHYS. DIRECTOR PHYS. 515 PEN 196 STAFF
22c. PHYSICIAN'S	22d. ADPRESS
NAME (Type) - (. T- SODMAT	E2470b (Nox1/2/20)
PURILAL CREMATION 224 DATE THEREOF 222 NAME OF CRIMETERS	OR CREMATORY 23d./ LOCATION (City, town or county) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d./ LOCATION (City, town or county) (Sete)
World teb. 1,1966 Upringhil	lemeter castow, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Maurece E Neumanna Jow tras Tox	DATE FEB 2 0 '62 Cathur & K.

404 रिकास अवस De 29 1901 84 2.0. Individual protos policies - mesonitripos LEST & R. Chance M. Jelned E. Soulely 215-16-3064 Mrs. Mancy Chance : Barber his Make a latter some cosein come of knas lumis Eliver due to Here concinents of earphagus E. C.H Schmalt Esitety, Mary Pend Burnet to Miles Demond County South Land Handell Hall Market and Market Market Bernard

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02358

7	PLACE OF DEATH • COUNTY	2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before admission)						
	Talbot MARYLAND	a. STATE Maryland b. COUNTY Talbot						
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and giva naerast fown)						
	rural Easton 6 years	rural Easton						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?						
	R.F.D. #4	R.F.D. #4						
3	NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Year						
	(Type or print) GERTRUDE DIXON DORSEY	DEATH Feb. 6, 19 62						
1	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.						
	female white widowed to Divorced T	reb. 27, 1902 Sest birthday Months Days Hours Min.						
	0e. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	Y 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	housewife	Maryland U. S.						
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Isaac H. Dixon	Elizabeth White						
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address						
	Yes, no, or unkown) (Ifyasgivewarordatasofsarvice) 214-24-7404	. John S. Green, 111 Easton, Maryland						
=	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY:	he Mary ux ONSET AND DEATH						
	IMMEDIATE CAUSE (6) LAN CUI RUNA of the Many my							
) 7 6 DUE TO							
	Conditions, if any, which (b)							
	(e), steting the undarlying DUE TO							
	cause lest. (c)							
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?						
13		YES NO						
TO IT A CITIZED		. (Enter nature of injury in Part I or Part II of item 18.)						
140102	20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Homa, farm, 2Df. (City or, town) (County) (State)						
60.7	Hour a.m. p.m. 19 at work at work	ory, straat, offica bldg., atc.)						
	21. i certify that (1) (this hospital) attended the deceased from	aug, 196/, to 67th , 1962, that (1) (we) last						
		death occured at 64. M, from the causes and on the date stated above.						
	228. SIGNATURE	22b. DATE						
	Murstan Harrisan	ATTENDING MED. STAFF DIRECTOR PHYS. GTEBLE						
	22c. PHYSICIAN'S	22d. ADDRESS						
	NAME (Typa) Dr. Thurston Harrison	Easton, Maryland						
= 2	30. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)						
	Burial Feb. 8, 1962 Druid Ridge (Cemetery Baltimore, Maryland						
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
	Maurice E. Newnam & Son Easton, Md.	DATEFER 9 '62 ariling & trave						
-		New York						

48 H. V. M.

Feb. 27, 1901

Browler on the Brown of the Brown and the Br

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Surfail of the B. 1962 Meriddelide Science

Marrier M. Welmann et Son Canton, 36.

Rel blaces, Maret and

TO HOSPITAL death. Page 4

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02372	CERTIFICATE OF DEA	TH	02359
	PLACE OF DEATH COUNTY COUNTY	MARYLAND e. STATE	DENCE (Where decessed lived, If institution b. COUNTY	albak
	b. CITY OR TOWN (if oulside corporala limits, write RUNAL and give neerest town)	80 years. Easts	Wif (If outside corporala limits, writa RÜRA	L and give neerest lown) 9 •. IS RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	,117	Dove St. 1	ON A FARM? YES NO
	NAME OF DECEASED (Type or print) William	The Heckenster	4. DATE OF DEATH	14 19 62 DER 1 YEAR IF UNDER 24 HRS.
7	6. COLOR SARACE 7. MARRIED WIDOWED. USUAL OCCUPATION (Give kipped week 10b %)	DIVORCED TEL 8, 18	72 last birthday) Mont	
do	FATHER'S NAME	clical Contractor 1	LULL.	Wil
15.	Leonard S. Fleck	OUSILIU adelli	ul Ralefuar	
Ya		- Mes Olive	er Mallikin E	aslow MCC.
	PART I. DEATH WAS CAUSED BY:	ptured ansuryam	of abdominal	2 ONSET AND DEATH Undersour
	Conditions, if eny, which gave rise to immediate cause		aorta	
z	(a), sletting the underlying DUE TO cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
FICATIO	arteriosal	+ ' 0 4 1'	seare	YES NO
AL CERT	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCURRED 200. PLACE OF INJURY (Hom		(County) (State)
MEDIC	Hour s.m. p.m. 19 While et work 21. I certify that (I) (this hospital) attended	at work		10/02 shot (1) (sup) los
	saw the deceased alive on			
	Robert W. Trus	M.D. ATTENDING PHYS. 22d. ADDRES	MED. STAFF PHYS.	2-16-62 SIGNED
23	NAME (Type) ADDITAL, CREMATION, 224 DATE THEREOF	23c. NAME OF CEMETERY OR PRIMARIORY	23d. LECATION Kity, lown of	county) / (State)
1.	Turial tel 16/962	Spring Hell Com	· Caston	ma.
24	TURNERAL DIRECTOR'S CONTURE	ADDRESS S A MA (25	e. REC'D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE

Ta June Esten 11 Breed Etc I Friederstein III- 14 268/812 90 Cetual Colute Plane Mittel Elec Cest Terrail & Flickwellin ablilia Kerlebuna res _ _ Maddion Middley Easty He and the second of the second o THE RESIDENCE of the sech Front & Ferender and tolly Rose I W Dune S Land W I some S Livering Evilal Elipto Lever Miller Esten The Thurse Effermingson Been tip more and and

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02360

e. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give neerest town) A STOP d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 1. STATE BRY (A) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL d. STREET ADDRESS 1. STRE
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) EASTOP C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL OUEENSTOWN 17X-2
EASTOR / day RURAL QUEENSTOWN 17X-2
ON A FARM
EASTON MEMORIAL
3. NAME OF First Middla Last 4. DATE Month Dey Yeer OF
(Type or print) GEORGE NEARY (TREED DEATH FEB 27 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MAGE COCORED DIVORCED DEC. 25, 1880 81 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
LABORER FARM QUEEN ANDES MARYLAND U.S.A.
13. FAMER'S NAME
GEORGE GREEN UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
(Yes, no or unkown) (Ifyesgive wer or detes of service) DONE Mrs. BESS. E GREED QUEENS to win Md.
18. CAUSE OF DEATH lEnter only one cause per line for (e), (b), end (c), l
ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Congestive heart failure Thereur
The Due to
Conditions, if eny, which (b) arterioscleroste heart disease
gave rise to immediate cause
(a), stating the underlying but to
(L)
PERFORMED?
[3] Cerebral arteriosclerosia, Chronic brain syndrome 185 [NO [
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE OF DEATH OF CAUS
ZOc. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
Hour e.m. While Not While factory, street, office bldg., etc.
21. I certify that (I) (this hospital) attended the deceased from 2-26 1967 to 2-27 1967 that (I) (we) la
saw the deceased alive on 2-27 1962, and that death occurred at 2.M, from the causes and on the date stated above
22e. SIGNATURE ATTENDING MED. STAFF 2/28/62b. DATE SIGNE
Robert W. Trever M.D. PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S 22d. ADDRESS
NAME (Type) Robert W. Trever M.D. Laston, Md. 2/28/62
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Bund MAR. 7 1962 CARMICHARI CENETERY RURAL QUEENSTOWN MARYLAND
24-FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES
James H. Barlow, of Barton Born, Castravella, May DATE MAR 5'62 author S. Turns
()

STEED TO STATISTICS OF STEED Call St Designed to the second The state of the s Libert Comment Survey Comments Hamber 1154 ALL SELECTION OF THE SECOND Will be the same I want to be a second of the same of Comment thank make worth constitution of material something O all and artended in the Children Street South Street The state of the s End of the second of the secon The state of the s

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4 17 to retained by the hospital or attending physician. TO FUNERAL D. CCIOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death. 2

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH

7.1			
		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	a	COUNTY	a. STATE b. COUNTY TALKS
	b	D. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
		write RURAL and give nearest town)	29
		EASTON 4 HRS	LI EASTON
	d	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
		FORTH MEMORINE HERETAL	PROSPECT HVE YES NO
Н	3. 1	NAME OF First Middle	Last 4. DATE Month Day Year
		DECEASED	OF DEATH FOR 9 10 / 2
		(Type or print) LEWIS DETH	OREEN TEORIARY 1 162
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	,	MOJE /A/MITE WIDOWED DIVORCED /	MAY 28 1924 37 yrs.
	10a.		Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	don	ne during most of working life, even if ratired)	n = 1, c = 1
	(-LUB MANACER PALBOT COUNTRY	LVB //ARYLAND U.S. IT
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		11/16/10m (2000m	TESSIE //ARSUML
	15.		INFORMANT Addrass
	(Yes	s, no, or unkown) (Ifyes give war or dates of service)	In the Town Farm Farm
	-	100 NONE 4/3-12-639011	RS, ELAINE , QUEEN LASTEN WITERVAL BETWEEN
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	mall right
		33 /X DUE TO	
		gave rise to immediate cause	
		(e), stating the underlying DUE TO	
		causa last. (c)	
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY RERFORMED?
-	FA.		YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	D. (Enter natura of injury in Part I or Part II of item 18.)
	ERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
			ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, straet, offica bldg., etc.)
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	p.m. 19 at work at work	
		21 I consider that (I) (this bosnial) attended the deceased from	, 19, to, 19, thet (I) (we) last
			deeth occured at first, from the causes and on the date stated above.
		CV VV	226. DATE
		228. SIGNATURE	ATTENDING MED. STAFF STAFF
		elitering "	A.D. PHYS. DIRECTOR PHYS.
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRAS
		NAME (TYPE) E. C. T. JCMMQT	Cofler 1/10 plens
	23a	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town (scounty) (State)
		REMOVAL (Specify)	(Emerges Fractions Ma
	1	DURIAL 2/14/6 WILLICHEST	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
	100	1) A stor and FAS	TON MB DATE STR 1 3 162 William S. Thomas
	-	the state of the s	1 0010

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02362 02375 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02362

HEALIN DEPT.	e. COUNTY			2. USUAL RESI	ENCE (Where dec			ce before a	dmission)
ary age age	Tall	oot	MARYLAND	. STATE M	aryland.	b. COUN	"Talbot	5	
SEF AA	b. CITY OR TOWN (if outside write RURAL and give nes		c. LENGTH OF STAY IN 15	c. CITY OR TOV	VN (If outside corpo	rata limits, write	RURAL end give	neeresl low	n)
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y is dir	d. NAME OF HOSPITAL OR IP	NSTITUTION (if not in hos	pitel, give street address)	d. STREET ADDR				e. IS RE	
dela de de la dela	102 Pros	spect Stre	et.	1	02 Prosp	pect St		YES T	FARM?
fun fun Stat	NAME OF DECEASED	First	Middla	Last	4. DATE	Month	Day	Year	
the the	(Type or print)	Estelle	B. Hick	man	OF DEATH	Feb.	25	. 196	2
3 to be strength.	SEX 6. COL	OR OR RACE 7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEAR	IF UNDER	
ma) de ma) × 2 × vurs	7	White WIDOWE		Nov. 24.	1887	7 L. yrs.	Months Deys	Hours	Min.
ho 5. 2	. USUAL OCCUPATION (GIVE	kind of work 10b, Ki	ND OF BUSINESS OR INDUS	WA M	itate or foreign cour	1 77 1	12. CITIZEN O	F WHAT CO	OUNTRY?
Jag 1	one during most of working life, Housewife.		wn home.	Mary	land.		U. S.	Λ	
ho ho	. FATHER'S NAME		1132 220110	14. MOTHER'S MAI			1 0 0 0	A	
PM3a PM3	Hanny Tal	illiam, Bra	shears.	Laura	May Sm	th			
I I I I I I I I I I I I I I I I I I I	WAS DECEASED EVER IN U.S	ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.		May Din-	Address	same	25 0	hove
18 1 18 1 18 1 18 1 18 1 18 1 18 1 18	(es, no, or unkown) (Ifyasgive)	varor datas of service)	21-69-8394	Mrs. Flee	twood E.	Carl		ston.	
will will be a second	18. CAUSE OF DEATH (E	nter only one cause,per li	ne for (e), (b), end (c).)	MID* LIGE	CWOOD E	· valla		ERVAL BETY	
ong ong insit	PART I. DEATH WAS C	///	wheline	dastes	in sile	1 1526	ON	SET AND D	EATH
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uld in p Affic uria oval	Conditions, if any, which) (b)	O						
sho a b	gave rise to immediate cause								
as das	(e), steting the underlying cause last.) [c]							
"pel "pel use on			TRIBUTING TO DEATH BUT I	OT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIYE	N IN PART 1(a) 1	. WAS AL	JTOPSY
vord vord d be d be	(Christ	= 1 ' F	t-Kalain	il. asix	- other	200		PERFOR	
dica dica	20a. EXTERNAL CAUSE WA	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	BE HOW INJURY OCCURED.	(Enter nature of Injury In	Pert I or Part II of i	tem 18.)		13 N	
Sh:	PRIMARY OF CONTRIBUTION CAUSE OF DEATH.	NG 🗆							
Hief hief bur	20c. TIME OF INJURY MA	onth, Day, Year 20d.	NJURY OCCURRED 200. PI	ACE OF INJURY (Home,	farm, ; 20f. (City	or town)	(County)	19	State)
AM Page of	Hour a.m.	While		ctory, street, office bldg.			(000)	,	,,,,,
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arded artical agent,	deall lesuled it offi	Natural Causes	Accident		- Lorent -	etermined ma	nner		
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A AL	SIGNATURE VIV	11/1	1	M.D.	MEDICAL EXAMINE		Б	ate sign	IED
execute the second the form	EXAMINER'S NAME (Type)	NE	LTY		ICAL EXAMINER		7-	-72	-62
DEP pase shoul FUN its d	BURIAL CREMATION 226.	DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION	QN (City, lown)		7 (Slate)	
0 240 9	REMOVAL (Specify)	h. 26 60	· Albertine	h Cementer	- /1/	went	y NOV	1071	
H H	B. FUNERAL DIRECTOR	10, 90, 02	ADDRESS	The second secon	REC'D BY REGISTR	3	TRAR'S SIGNATU	ME	
VS. A15ME 5M 9/60	Mortest	ala Ca	Saulton.	Med DATE	FEB 2 8 '6	a	tilver S. Tha	MA	
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, pleass execute the certificate, writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Capith or its designated agent, prior to burial, cremation, or removal, and in any event within 72 harts affer death. 4 should be forw.
TO FUNERAL DIRECT

VS. A15ME 5M 2/57

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H	EAI	Н	DEPT.	

02376 MEDICAL EXAMINED'S CERTIFICATION BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Dam	02363	
Keq.	DIST. NO.	

o. COUNTY Tall	bot	MARYLAND	2. USUAL RESIDENCE (where deceose land		Y Talbot	before admission)
b. CITY OR TOWN III outside and give negrest town!		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)				
		in haspital, give street address) ts Plantation	d. STREET ADDRESS 11 Juda	as St.			e. IS RESIDENCE ON A FARNSE YES NO
3. NAME OF DECEASED (Type or print)	First JUST(ON MELVIN JOHN	SON	4. DATE OF DEATH	Moni	eb. 22	Yeor 19 62
	COLOR OR RACE 7. A	ARRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)		AR IF UNDER 24 HRS
		OWED DIVORCED	Feb. 13, 190		55 yrs.	Months Day	s Hours Min.
during most of working life service statio	e, even if retired)	10b. KIND OF BUSINESS OR INDUS	Maryland	1	ountry)	-	S.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Samuel Jo	ohnson		Susie	M. Mo	ore	F 131	
15. WAS DECEASED EVER IN [17 ye 17 ye 17 ye 17 ye 18 y	U. S. ARMED FORCES? Is, give war or dates of service)		Mrs. Helen Jo	hnson	Address East	on, Mar	yland
Conditions, if ony, gove rise to immediate (o), stating the under course tast. PART II. OTHER S	rlying DUE TO	NS CONTRIBUTING TO DEATH BUT	rifle NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	/EN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE NEW CAUSE OF DEATH. 20c. TIME OF INJURY 1:45 19-31.	Month, Doy, Year	White Not while for	(Enter noture of injury in Pa ACE OF INJURY (Home, for clory, street, office bldg., et and Dit	m. 20f. (City	or fown)	(County)	
21. I certify that apinian death resu	I took charge of	the remoins described ab		sy , In Homicide	spection .		, and in m
EXAMINER'S NAME (Type) Dr.	Thurston H	arrison	ASSISTANT MEDICAL DEPUTY MEDICAL	EXAMINER .		or country	/Ch-4-1
REMOVAL (Specify)					TON (City, town,		(Stote)
23. FUNERAL DIRECTOR'S SI	Feb. 24, 1965 GNATURE Newnam & S	ADDRESS	240. REC	rur 2 6 '62	RAR 24b. REGI	ston, M STRAR'S SIGNA un S. Kram	TURE

DESTRUCTION STATE DEPARTMENT OF HEALTH -BALTIMOLE, 18.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

_ UNDIO T	tem 7-Film G30	8 3/1/63 111		
1. PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived, If Institution: Re	sidence before admission)
a. COUNTY Tin I h		a. STATE W	b. COUNTY -	1 1
/H100/	MARYLAND	110	(a)	601
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	de corporate limits, write RURAL end	give neerest town)
write RURAL and give nearest town)	21/1	VT		
EASTON	Jahrs.	Mapre		
d. NAME OF HOSPITAL OR INSTITUTION (it not in he	ospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE
FASTALL Monopin	H Nospital			ON A FARM?
EASTON MEMORIA	1-4110/sol			YES NO
3. NAME OF First	Middle	Last 4. D	ATE Month	Day Yeer
(Type or print)	MARSHAll		PRTU - I	0/1962
F 557			FEDRUARY	
5. SEX 6. COLOR OR LACE 7. MARRI	NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IF UNDER 1)	
WIDOW		10-25-85	yrs. Months D	Neys Hours Min.
	KIND OF BUSINESS OR INDUSTR	VI ST DIDTIDLACE CO. L. S. S.		ZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	KIND OF BUSINESS OR MOUSTR	11. BIRTHPLACE (County & Si	ele, or foreign country)	MINI COUNTRIE
AWRE		Maryland	()	5.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	2	•
71 2 11	1 1)	7 A A	211	
24 MUEL D. MONT	hall	VVIanuh	. Wlades	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
(Yes, no, or unkown) (Hyesgivewarordatesofservice)		11		M
NO	NOW? MY	in Norman Ka	zonard Irap	D6' 1110 .
18. CAUSE OF DEATH [Enter only one cayse per	line for (a), (b), end (c).]	0 3		INTERVAL BATWEEN
PART I. DEATH WAS CAUSED BY:	The days (10	allerain T	/ _ \	ONSET AND BEATH
IMMEDIATE CAUSE (a)	7010000 000	Conseque		8 m
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Conditions, if eny, which	greenense	A real	veceny.	10 years
gave rise to immediate cause (e), stating the underlying DUE TO				/
cause lest				
(c)				A N. CO. MARCHANICA
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART	PERFORMED?
¥				YES NO
20a. ACCIDENT WAS UNDERLYING 17 20b. DE	COURT HOW IN HIRE OCCUPED	(Enter neture of injury in Pert I o	- D4 II -4 ia 30)	
OR CONTRIBUTING [] CAUSE OF DEATH	SCRIBE HOW INJURY OCCURED	CENTER NETURE OF INTURY IN PORT 1 O	r Pett II of Hem 10.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	one			
20c. TIME OF INJURY Month, Day, Year 20d.	. INJURY OCCURRED 200. PLA	CE OF INJURY (Home, farm, 1 20	f. (City or town) (Coun	ty) (Stete)
20c. TIME OF INJURY Month, Dey, Yeer 20d Hour a.m. Whi		ory, street, office bldg., etc.)	(61, 51 1511)	(0.0.0)
p.m. 19 at wo				
		0-21 10/	7 - 71 106	21 - (1) (-) 1
21. I certify that (I) (this hospitel) atter				7.1, that (I) (we) lest
saw, the deceased alive on		death occured at SOM,	from the causes and on th	ne date stated above.
22 /SIGNATURE		-1		22V. DATE
111.111.000	111	ATTENDING MED.	STAFF	3 SIGNED
WYLLELAM X PV ALL	LL M		OR PHYS.	12416
22c. PHYSICIAN'S	1./	22d ADDRESS	A En	111
NAME (TYSEY) ! ! ! ELL h	MINKITEDS	11051	DAVER LHS	TRINFIN.
	11/1/1			161
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d	LOCATION (City, town or county)	(Stete)
PEMOVAL (Specify) Fol. 24 1967	Janua Hill	Cemetery 1	sartow. Ind.	
Dollar 160, x1/110	X X LILL		5.10	101147105
24 EUHERAL DIRECTOR'S SIGNATURE	ADDRESSO	25a REC'D BY	REGISTRAR 256. REGISTRAR'S SI	IGNATURE
Many C. Hewnaux	AM Casky	DATE FER 2	6 '62 archun 8.	Trans
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MARVIAND CTATE DEDARTMENT OF HEALTH

	MAKILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICA	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
02379	CERTIFICATE OF DEATH	02366
E OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If instituti	on: Residence before ad

a. COUNTY D. CITY OR TOWN III outside corporate limits, write RURAL and give necessat lown) www. DUALA and give necessat lown) or NAME OF HOSTITAL OR INSTITUTION (if not in hospins), give intent address) d. NAME OF HOSTITAL OR INSTITUTION (if not in hospins), give intent address) J. NAME OF DECKRAED (Type update) J. NAME OF DECKRAED (Type update) J. S. SEX J. COLOR OR RACE T, MARRIED DIVORCED DIVO		PLACE OF DEATH				institution: Residence before admission)		
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WITH SURAL and give nearest loven) A	-	b. CITY OR TOWN (if outside corporate limits.			outside corporete limits, writ	e RURAL end give neerest town)		
d. NAME OF HOSPITAL OR INSTITUTION (of no hospies), give arreal eddress) 3. NAME OF DECLARSED OF D		write RURAL end give nearest town)			1	42000		
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3. NAME OF DECRRED (Type or print) 5. SEX 6. COLOR OR RACE (7, MARRIED MYORED) (SEX) 9. AGE (In years if UNDER 1/EAR) (F UNDER 24 RES.) 10. DATE DECRRED (Type or print) 10. MINGRED (SEX) 10. COLOR OR RACE (7, MARRIED MYORED) (SEX) 10. SEX 10. COLOR OR RACE (7, MARRIED MYORED) (SEX) 10. SEX 10. COLOR OR RACE (7, MARRIED MYORED) (SEX) 10. SEX 10. COLOR OR RACE (7, MARRIED MYORED) (SEX) 10. SEX 10. COLOR OR RACE (7, MARRIED MYORED) (SEX) 10. SEX 10. COLOR OR RACE (7, MARRIED MYORED) (SEX) 10. SEX 10. AGE (10 years if UNDER 1/EAR) (SUNDER 24 RES.) 10. MOOTHER SINGLE (County & State, or foreign country) 11. INTERPLACE (Country & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FAME (Type) 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED VIVE IN U.S. ARABOD PROCESSOR INDUSTRY (No. 1) 15. WAS DECEASED VIVE IN U.S. ARABOD PROCESSOR INDUSTRY (No. 1) 16. SOCIAL STATE, OR WHAT COUNTRY 17. INTERPLACE (Country & Marchielle (Country & Min. 18. CAUSE OF DEATH (No. 1) 19. WAS AUTORY 19. WAS AUTORY		NAME OF HOSPITAL OK INSTITUTION (If not in hos	Stiel, give street eddress)	d. STREET ADDRESS		ON A FARM?		
DECERSED DECERSED COLOR DR RACE 7, MARNIED NEVER MARNIED B. DATE OF METH See FUNDER 1 YEAR FU		Memorial Hos				1 1 1		
S. SEX	3.	NAME OF First . /	Middle	Last		h Dey Yeer		
No. USUAL OCCUPATION (Give kind of work done during most of working like, even if refired by the property of t			Edward	MAGNESS		2 1962		
NOTE DISTRICT DI	5.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	PATE OF METH	9. AGE (In yeers			
Conditions, if eny, which gave rise to immediate cause (a), staing the underlying cause last. Color of Contributing Color of C			D DIVORCED	JAN. 10, 108	77 угв.	Months Deys Hours Min.		
13. FAMER'S HAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Enter only one cause pay line for (a), (b), end (c).	10a	. USUAL OCCUPATION (Give kind of work 10b. Ki	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County	& State, or foreign country	12. CITIZEN OF WHAT COUNTRY?		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown (If year) we were detected service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause see line for (a), (b), end (c).] PART I. DATH WAS CAUSED BY: DUE TO 19. Which gave rise to immediate cause (e), stating the underlying cause last. 19. WAS AUTOPSY PREVOKACE) 19.	13.			14. MOTHER'S MAIDEN N	AME	(
Test Cause of Death [Enter only one cause par line for (a), (b), end (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause last. DUE TO Conditions (e). DUE TO Conditions (e). DUE TO Conditions (e). DUE TO Conditions (e). Stating the underlying cause last. OR CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (e) 19. WAS AUTOPSY PERFORMED? YES NO DOR CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTIONS CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) County (County) County C		DOHN MAGNE	55	NOSEPH	THE GL.	AU STONE		
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21. I certify that (I) (this hospital) attended the deceased from	3	20c. TIME OF INJURY Month, Day, Year 20d.			20f. (City or lown)	(County) (State)		
21. I certify that (I) (this hospital) attended the deceased from	NA.			ory, street, office bldg., etc.)				
saw the deceased alive on 1962 and that death occured at 24M, from the causes and on the date stated above. 22e. SIGNATURE M.D. ATTENDING MED. STAFF OF PHYS. STAFF DIRECTOR PHYS. STAFF DIRECTOR PHYS. 22b. DATE DIRECTOR PHYS. 22c. PHYSICIAN'S NAME (Type) F. C. H. Schmidt PSChmidt	Z	p.m. 12			-			
226. SIGNATURE OF THE CONTROL OF THE CASE AND THE CASE AND CONTROL OF THE CASE		Fet a-	- / -	1	9			
22c. PHYSICIAN'S NAME (Type) F.C.H. Schmidt 22d. ADDRESS 25-607 Maxy/aval.		saw the deceased alive on	1962 and that	death occured at	AM, from the causes			
22c. PHYSICIAN'S NAME (Type) F.C.H. Schmidt 22d. ADDRESS 22d. ADDRESS MAKE (Type)		220. SIGNATURE ON	· X1	ATTENDING MI	D. STAFF	SE / 1226. DATE		
NAME (Type) & C.H. Tolymidt E247017, Maxyland.		Cll & ha	M M	.D. PHYS. DI		3/ep.1962		
1 1-17. 10/1/17(a) 1 25/01/1/1004/10121.	-		111	22d. ADDITESS	ton X/1	swilling !		
23a SURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (QCATION (City, Non or county) (State)	18	F.L.T. 101	7177 CA (105	101/ ///	oxylard.		
	234		23c. NAME OF CEMETERY	OR CREMATORY	23d. TOCATION (City, M	(State)		
(Removal Associty) fol 4/96V (reenstoro Greenstory Will	16	Kerial + x4 196V	(Irlens	boro	Green	no led		
24 FUNERAL DIRECTOR'S SIGNATURE ADORESS 250. REC'D BY REGISTRAR'S SIGNATURE	24	FUNERAL DIRECTOR'S SIGNATURE	P ADORESS	25a. REC'	D BY REGISTRAR 256, RE	GISTRAR'S SIGNATURE		
parest 1600 for) Julou DATESFA 8 162 Chilling & thous		1 orgalicore	four) gul	DATECER	8 '62 CL	May & House		
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,	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
_	02380 CERTIFICATE OF DEATH U2367
N	1. PLACE OF DEATH C. CQUNTY D. COUNTY D.
X	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	BOX 100 Kowte 2 Dox 100 K+2. YES NOW 3. NAME OF Last 4. DATE Month Day Year
	OF DANIE OF DANIE 2 17 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 1885 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Hours Min. Hours Min. Min
	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. COUNTRY? 15. CITIZEN OF WHAT COUNTRY? 16. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME
T	Robert Wilson MARY Bently
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (Hyesgivewarordates of service) 319-14-2645 MARY FASON - TRAPPE MA
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
	HAMEDIATE CAUSE (a) My o cardial Impordion ande
	Conditions, if any, which \ (b) allens derois
	gave rise to immadiata causa (a), stating tha underlying causa last. (c)
0	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPED PERFORMED? PERFORMED? PERFORMED? OR CONTRIBUTING CAUSE OF DEATH OR CONTRI
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While factory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from 19.2, to 19.2, to 19.2, that (I) (we) last saw the deceased alive on 19.2, and that death occurred at 19.2, from the causes and on the date stated above.
	228. SIGNATURE ATTENDING MED. STAFF SIGNED 226. DATE SIGNED
1	22c. PHYSICIAN'S L. J. Eg Seder EASton, No.
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
1	24 FLUERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE FEB 2 7 '62
	James 3 Jobbell, Easter, Ind. DATE FEB 27'62 animy & thrus

MARYLAND STATE DEPARTMENT OF HEALTH

V 30 8 U 4031 LE (31) Finest bunganis The part Established E BEATRE AND A STREET Box 120 Rosse 2 Lada es en 19 Pariste La Contra Frank Col 1 - 2 - 21 12-36 - 1886 - 27 CAROTT FACTORY MARYLAND CLEAR Robert Lilson RARY Pently - APPLY ONE AINSI THEON - THERPY WAS I I I I glander Enson ma. Murial 2-18-62 teappe Cam trappe Army N. walnul, Eater , Ind. William .

FOR STATE HEALTH DEPT.

Page 子子 es. TO DEPUTY MED *41. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n please execute the filters, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction of a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your EUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

VS. A15ME 5M 7/59

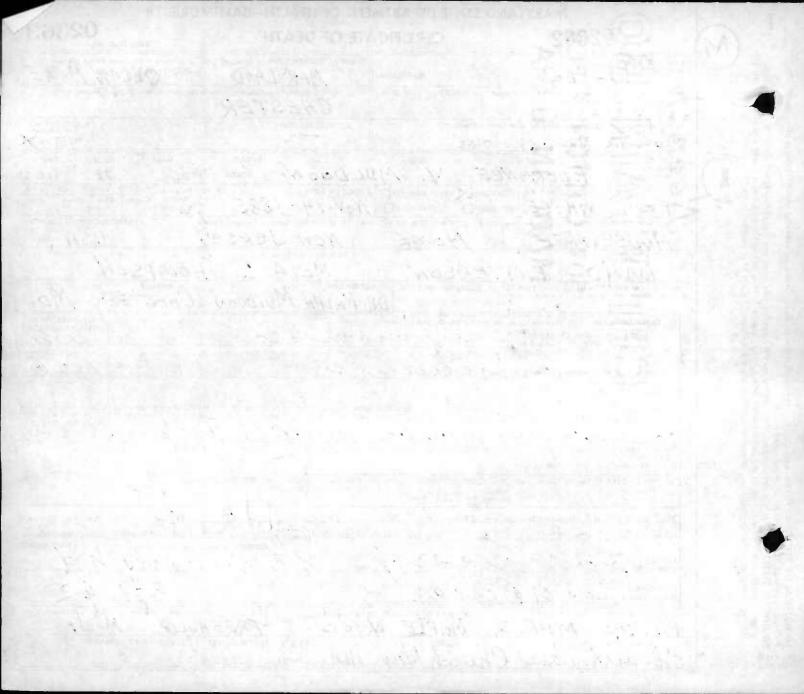
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02368

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1.	PLACE OF DEATH o. COUNTY TALBOT MARYLAND	2. USUAL RESIDENCE (Where dacessed lived, If institution: Residence before edmission) b. COUNTY OF TO LINE
	b. City OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If oulside corporele limits, write RURAL end give nearest town)
	write RURAL and give nearest town)	COLDSBORD 15x,2
	E/4310N	GOTIN 200 02 X.Y
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address)	d. STREET ADDRESS o. IS RESIDENCE
	MEMORAPH HOSP	ON A FARM? YES NO
3.	NAME OF First Middle	Last / 4. DATE Month Day Year
L	(Typa or print) KEBECCA BLLEN MCM	14LLEW DEATH FEB 21 1962
5.	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	V WIDOWED DIVORCED	287, 1701 61 yrs. 10013
	Da. USUAL OCCUPATION (Give kind of work lone dyring most of working life, wan if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
00	houseville Trome	MARY LAND USA
13		14. MOTHER'S MAIDEN NAME
1	Al Time to do Morrows	
	ALEY ANDERS CHOPTED IA	ELLA BOOKER
		FORMANT Addrass
(Y	(es, no, or unkown) (Ifyesgive war or detes of service)	M. McMULLEN, GOLDSBORO, MD.
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	MAA A MA LINTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Metercury Poisses ONSET AND DEATHE
	IMMEDIATE CAUSE (0)	uncroses - money
	DUE TO 0	
	Conditions, if any, which) (b) Coronary	Occusion 247
	gave rise to immediate cause	7 01
	(e), slating the underlying DUE TO	les lesques December 411
	causa last. (c)	- Children C
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
시Ē		YES TO NO T
H	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (En	ler neture of injury in Pert I or Pert II of item 18.)
CERTIFICATION	PRIMARY OF CONTRIBUTING	or notate of injury in tent to them to sy
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SAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stata)
MEDI	Hour e.m. Whila Not Whila tector	y, street, office bldg., etc.)
1 3		
	21. I certify that I took charge of the remains described above, held	an Autopsy X, Inspection X, Inquiry X, and in my opinion
	death resulted from: Natural causes , Accident , Suicid	e , Homicide , Undetermined manner X
	1 01	CHIEF MEDICAL EXAMINER
	ACTUAL ()	
	SIGNATURE VILLSON VILLENGE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S TO	DEPUTY MEDICAL EXAMINER 2 2 11 17
	NAME (Type) DA MSA >1 GLONS	Address (Street, city, town, or county)
22	20. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	
	MEMOVAL (Specify) Fol 74 1962 NOW TO	N () ENTON MY
-	13wia 170. 21, 1760 () Bro 10	1 24 DECID BY SECURION DAY OF SECURIOR
23	3. FUNERAL DIRECTOR ADDRESS	240. REC'D BY KEGISTRAR 24b. REGISTRAR'S SIGNATURE
	IN use acoverson fent	Dalle DATE FER 2 8 '62
-	1	A. Trans

SSS OF THE PROPERTY OF THE PRO 25850

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02382 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY DIECA a. COUNTY MARYLAND b. CITY OR TOWN (If outside carporote limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RUBAL and give nearest town) DT. MICHAELS d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION by 2 RIO-VISTA YES NO NURSING HOME NAME OF 4. DATE Middle Manth Day Year filled DECEASED OF DEATH (Type or print) 1962 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days WIDOWED T DIVORCED [cample 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY fareign country 12. CITIZEN OF WHAT COUNTRY? and 13. FATHER'S NAME OD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT attendin INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Canditions, if ony, which e has been signed burial-transit permi gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES INO NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (State) factory, street, office bldg., etc.) While Not while ot work ot work 21. I certify that I attended the deceased fram 122 that I last saw the deceased and that death accurred at a alive an QM, fram the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, state) FUNERAL DIRECT ACTUAL priar PHYSICIAN'S 226. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) OOD 0 23. FUNERAL DIRECTOR'S SUGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 9/5B



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02383

02370

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY AND DECEMBER OF			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neacest town) EASION 3 hus. 20 min	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL	107 TRED AVON AVE ON A FARM? YES NO DE			
3. NAME OF DECEASED (Type or print) EFFIE ELVA	NORTH JEBRUARY 17 1962			
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Months Doys Hours Min. M			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHACACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 7. J. G			
CHARLES MARION TARR	NATTIE ELVA GARDNER			
(Yes, no log unknown) (If yes, give war or dates of service)	SHN CLARENGE NORTH EASTEN, ND			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate (b)	beman lage Interval Between ONSET AND DEATH			
couse (o), stoting the <u>under-</u> DUE TO lying couse lost. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO			
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20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of				
21. I certify that (I) (this hospital) attended the deceased from 1776 1962, to 1870, 1964 that (I) (we) last sow the deceased alive on 1876 1962, and that death occurred of 1875 M, from the couses and on the date stated above. 220. SIGNATURE ATTENDING MED. STAFF				
22c. PHYSICIAN'S NAME (Type) HORSTON HARRISON	M.D. PHYS. DIRECTOR PHYS. 179 rel 62			
236. BURIAN CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY PRINTING PLANS 1962 PRINTING PE	OR CREMATORY 23d. LOCATION (Gity, town, or county) (Stote)			
24. FUMERAL DIRECTOR'S SIGNATURE CONSESS MA	25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE CARLANT S. Kraus			

Charles In Carleson

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02384

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	1. PLACE OF DEATH A / BOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negret town). A 10080E LINGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO		
1	3. NAME OF DECEASED (Type or print) Charles Trist	inkney DEATH Feb. 15, 1962		
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTY 9. AGE (In years last birthdoy) 1902 9. AGE (In years last birthdoy) Months Doys Hours Min.		
	10a. USUAL OCCUPATION (Give kind of work done diving most of working life, even if retired) ABORE R WATERMAN	MARYland U.SA.		
	Thomas Pinkney	Anna Brooks		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no. of unknown (If yes, give wor or dates of service) 226-09-1499	Oplelia Hinkney - Address		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	The interval between onset and Death		
	Conditions, if any, which) (b) Conditions	desone 574		
	gave rise to immediate couse (a), stating the under: lying cause lost. DUE TO Application (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CO	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO		
		D. (Egyer nature of injury in Part I or Part II of item 18.)		
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Pl fa Haur a. m. 19 While Nat while at work of work	ACE OF INJURY (Home, farm, later) (County) (State) (County, street, affice bldg., etc.)		
	21. I certify that (1) (this haspital) attended the deceased fram.	death accurred at 13M, from the causes and an the date stated above.		
	22a. SIGNATURE	M.D. PHYS. DIRECTOR PHYS. D		
	22c. PHYSICIAN'S CUYM REESER	Standards TLRHMAN MA		
	230. BURIAL, CREMATION, 236, DATE THEREOF REPOVAL POPCETTY TELEVISION TO CAMETERY CONTROL OF CEMETERY CONTROL OF CONTROL	OR CREMATORY 23d. LOCATION (City, town, or county) (State) R CPM, Caiborne, M.C.		
	La Mes Bradiel - Easten,	md. DATE 23'62 Outline & K.		
		7, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10		

1381 BANK HILL A CANADA STATE OF THE STATE OF MAIS NEWS 64 102 59 Labore . WHERMAN MARYTHING Thomas Foreig Anna Brocks 110 - SAG-BAYA Cylelia Linkey-Busial Feb. 18, 1962 Claiborne Com Chibane : 1x Le visibre akoll - Easter, md

al director, filed with

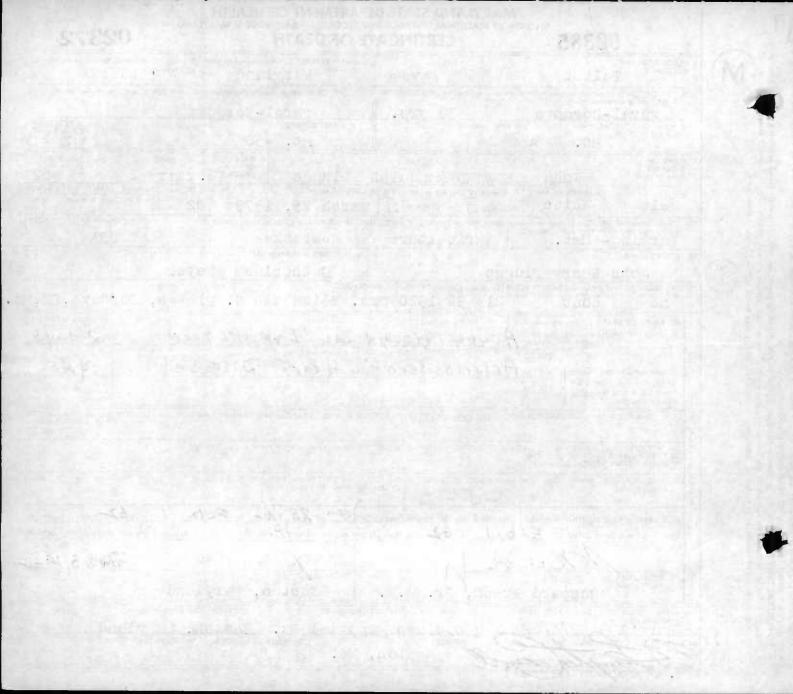
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02385

02372

	0,000				
	PLACE OF DEATH C. COUNTY Talbot	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Mary	land b. COUNTY T	r: Residence befare admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	V	utside carporate limits, write RUR	RAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION Rt. # 50	address)	d. STREET ADDRESS	1-Cordova #50	e. IS RESIDENCE ON A FARM? YES 🔀 NO 🗌
	NAME OF First DECEASED (Type or print) John EDW	Middle VARD Randolph	tosi 1 Plugge	4. DATE Month OF DEATH February	
5. :	Male 6. COLOR OR RACE 7. MARR WIDOWN		B. DATE OF BIRTH March 25,		Manths Days Haurs Min.
10a	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Farming- Ret.	kind of Business or Indus	TRY 11. BIRTHPLACE (State Nebrasks		12. CITIZEN OF WHAT COUNTRY?
3.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	John Henry Plugge		Cather	ine Meyer	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service) NO (If yes, give wor or dates of service)		cs. Elizabe	th G. Plugge,	
1 CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS C	teriosclerot	not related to the termi	nal disease condition giver	N IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d. It Haur a. m. 19 White at war	Nat while fac	ACE OF INJURY (Hame, farm tary, street, affice bldg., etc.)	(Caunty) (State)
	21. I certify that (I) (this haspital) attends saw the deceased alive an Eeb.	1 1 -	411	M, fram the causes and	19.62, that (I) (we) last I an the date stated abave.
	220. SIGNATURE She on	1		ED. STAFF RECTOR PHYS.	7eb, 3, 1962
	22c. PHYSICIAN'S NAME (Type) Shepard Krec	ch, Jr. M.D.	22d. ADDRESS Easto.	n, Maryland	1
230	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2/4/62		emorial Pk.	23d. LOCATION (City, town, or Easton, Maj	ryland
4.	EUNERAL DIRECTOR'S STGNATURE	Easton			RAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the aspital or attending physician. **D FUNERAL DIRECT**After this certificate has been signed by the attending physician and completely filled in by the fipage 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. may be retained by VR A15 (4) 1SM 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02373 funeral 1. PLACE OF DEATH a. COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside corporate timits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) AS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS completely papers. NAME OF Middle DECEASED (Type or pri carbon 7. MARRIED THEVER MARRIED and WIDOWED [DIVORCED physician Гетоме 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 13. FATHER'S NAME please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 INFORMAN' (Yes, no, or unkown) | (If yes give war or dates of service) 10 1B. CAUSE OF DEATH [Enter only one cause p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION SE 20a. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED I 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While Hour a.m. at work at work (this hospital) attended the deceased from ? the deceased ATTENDING TO FUNERAL director, page be filed with DIRECTOR Jeath. Page 4 FUNERAL PHYS. M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. 23d. LOCATION DATE THEREOF REMOVAL (Specify)

VR A1S (4) 15M 7/610

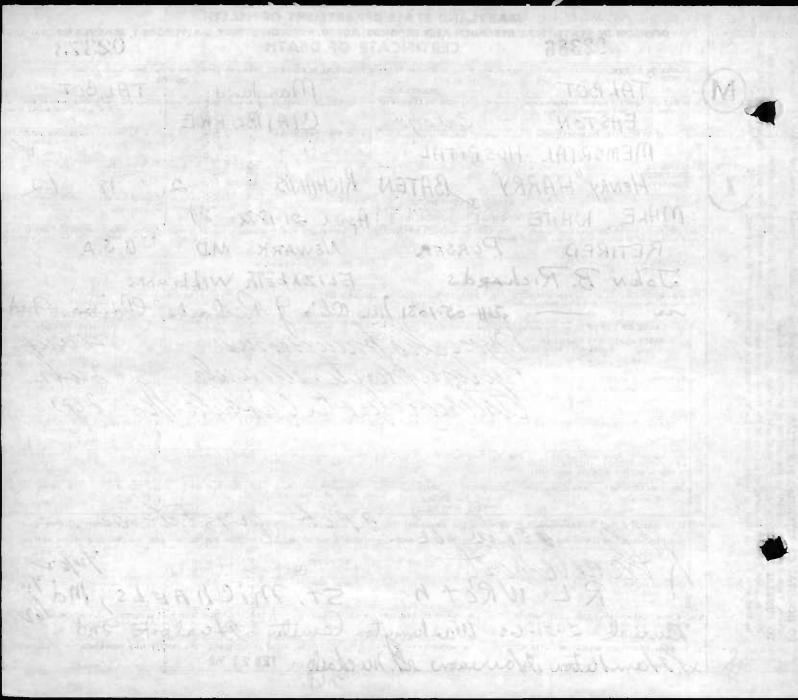
2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES . NO I 4. DATE Year OF DEATH 19 0 IF UNDER 24 HRS 9. AGE (In years | IF UNDER 1 YEAR last hirthday) Months Hours 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country) LIANNS AS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 2Df. (City or town) (County) (State) 19 D. and that death occured at J.AM, from the causes and on the date stated above. 22b. DATE SIGNED

MARYLAND STATE DEPARTMENT OF HEALTH

25b. REGISTRAR'S SIGNATURE

PHYS.

arthur S. Frank



he funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 max 29 retained by the hospital or attending physician.

TO FUNERAL D. CTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 d 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF STATI

	STATE DEPARTM		
STICAL RESEARCH AI	ND RECORDS, 301 W. I	PRESTON STREET, BA	LTIMORE 1, MARYLAND
7 CE	RTIFICATE OF D	EATH	02374

. PLACE OF BEATH	2. USUAL RESIDENCE (Where decessed sived, if institution; Residence Defore edmission)
a. COUNTY A / BOT MARYLAND	MATRY LAND B. COUNTY CAROLTHE
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neggest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
EASTON 55 min.	RURAL DENTON 05x.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
MEMORIAL HOSDITAL	AEZ NO X
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) WILD + /= RAK	11U SON DEATH 2 26 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
F WIDOWED DIVORCED	Far, 5, 190 lest birthday) Months Days Hours Min.
108. USUAD OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
housewile home	MARYLAND NAA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DAS, EDUA HOLDEN	ANNA MAY COVEY
	INFORMANT Address
(Yes, ne, or unkown) (Ifyesgivewerordatesofservice)	Vr. John K. (oberson) Jewon, he
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Relete pull	curriages edun a ONSET AND DEATH
4-20 DUE TO	
Conditions, il eny, which \ (b) Caron ary al	to un clastic heart discon 11 me.
gave rise to immediate cause	
(e), stating the underlying Cause last.	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED? YES NO DE
200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pert or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While Not While st work at work	ctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	26 Feb , 1942, to 26 Feb , 1942, that (1) (we) last
	if death occured at
saw me deceased anve on	ar death occurred ar.J., Mr, from the causes and on the date stated above.
// h W.	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 26 Feb 62
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) THURSTON HARRISON	Cartan Many land
23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 234. LOCATION (City, town or county) (Stete)
13/2 John 1 Febr. 25, 1962 CHESTER	RFIELD Centravelle, M.),
24 FUNDRAL DIRECTOR'S SIGNATURE APPRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
J. rget wood for fector	Late FEB 2 8 '62 Cirthun S. Thomas
-1/ // //	ţ-

BYADE SO BY ADMITIES TO SEE 17250 LEN LANGE DECISION AND THE THE RESTRICTION OF THE CASE OF THE PARTY.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02388 02375 pinous funeral hours after USITAL RESIDENCE (Where deceased lived, If Institution Desidence before demission) 1. PLACE OF DEATH a. COUNTY b. COUNTY the d MARYLAND pue CITY OR TOWN (It outside corporate limits, write RURAL and give naerest town) b. CITY OR TOWN (if outside corporate limits, and give nearest town) TON Pages executed within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO papers. NAME OF DATE Day Yeer 4. OF DECEASED DEATH (Type or print) carbon AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR DATE OF BIRTH MARRIED NEVER MARRIED pue last birthday) Months Min. Dave Hours WIDOWED DIVORCED certificate physician гетоме 12, CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY LACE (County, & State) or foreign country) done dering most of working life, even if retired) wel please 13. FATHERYS MAME MC TAIDEN NAME E Then please and INFORMAN WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. Addrass or unkown) | (Hyesgiyawargrdatesofservice) that the IMTERVAL BETWEEN 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), end-(c). è ONSET AND DEATH I. DEATH WAS CAUSED BY 120 IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate causa DUE TO (a), stating the underlying cause last. the buri certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED® 20b, DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Port I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, straet, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 19.6., Thet (1) (we) lest 21. I certify that (I) (this-hospital) attended the deceased from.... and that deeth occured at19 .M, from the causes and on the date stated above. saw the deceased alive on.. DATE ATTENDING 22e. SIGNATURE SIGNED MED. DIRECTOR PHYS. FUNERAL M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23c, NAME OF CEMETERY OR EXEMATORY THEREOE OFB RESISTRARIS SIGNATUREA 25a. REC'D BY VR A15 (4) Eas ton, Chillian S. Thank DATE

RYLAND STATE DEPARTMENT OF HEALTH

Manuary & Weatheren S. W. Steel Co.

15M 7/61

MARYLAND ST	ATE	DEPARTMENT	OF	HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12389

CERTIFICATE OF DEATH

12376

X	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fived, If Institution: Residence before edmission)
1	a. COUNTY TAIR T	e. STATE b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest lown)
×	write RURAL end give neerest town)	c. CITY OR TOYN (If outside corporate limits, write RURAL and give nearest lown)
	EASTON 5 hrs. 35 min	St. Michaels
)	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	MEMORIAL HOSPITAL	YES NO NO
	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
	(Type or print) HESTER MARIE TO	URNER DEATH FEB. 7 1962
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	temale Col WIDOWED DIVORCED	Feb. 21, 1908 53 yrs.
	10e. USUAL OCCUPATION (Give kind of work doge during most of working life, even if retired)	RY 11. BIRTHPLACE (County & Stele, or toreign country) 12. CITIZEN OF WHAT COUNTRY?
	LABORET Domestic	Maryland U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Н	De durant RAR month	Partha laborest
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Bertha Johnson
	(Yes, no, or unkown) (If yes give wer or dates of service)	No de
	218-04-186	nermit luriner stmichaels, mo
3	18. CAUSE OF DEATH (Enter only one ceuse per line for (a), 11, end (c).	INTERVAL BETYFEEN
7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	emorrage / his
	3 1 X DUE TO 1/1 /	0 0-1 0
	Conditions, if eny, which) (b) NUMBELLES	en mulia skan
	geve rise to immediate cause	ord of ordered
	(e), stating the underlying DUE TO	
	ceuse last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
		YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH II. IF ETHER. NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of item 18.)
	OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
	at week at week	tory, street, office bldg., etc.)
		7-1-13 2-7 112
	21. I certify that (I) (this hospitat) attended the deceased from.	
	saw the deceased alive on 1964, and that	t death occured at 2:45/M, from the causes and on the date stated above.
	22a SIGNATURE	ATTENDING MED. STAFF 1/7/62 DATE SIGNED
	K herril (1/hall	A.D. PHYS. DIRECTOR PHYS.
1	R2c. PHYSICIAN'S	22d. ADDRESS Many land 1/7/62
	NAME (Type) Lane Wroth M.	D. St. Michaels, Maryland 1/7/62
	230 BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county) (Stete)
	TEROVAL (Specify) D - 16-17 CL 4-1	1 C / M 1
	24 HINERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	24 UNERAL DIRECTOR'S SIGNATURE	DATE OF 1 3 162 Cuthury S. Kraus
	fomes showly , Easton, h	nci DATE SER 13 162 Chilling A. Thanks
1		

Musyland Tylhot St. Alchaelse Female Car MARYLAND LEGA Demestro mederal. Bertha Johnson Andrew BARnett Rexmit Turner Standards and NA 4-6-545 and the control of the control of the Phrist 8 -16-62 Stancharls Com. Stallichals forces of Charles and India

	02390 CERTIFICAT	E OF DEATH	02377
	. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Re a. STATE Managed 1 b. COUNTY	/
-	/// DO/ MARYLAND	3	Kent /
П	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest town)
	EASTON 2 GAYS	Still Pond 14	-X'2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	EASTON Memorial Hospital		YES NO X
	NAME OF First Middle	Last 4. DATE Month	Dey Year
	(Type or print) Rosp Lee	1/01/20 DEATH To how and	2/ 1962
-		DATE OF BIRTH 19. AGE (In years If UNDER 1)	
	The same of the sa	117 2 1010 lest birthday) Months C	Pays Hours Min.
		42	
	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if petited)		ZEN OF WHAT COUNTRY
	Housewife	Caroline Co. Maryland	USA
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Wm. Satterfield	not known	
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11	NFORMANT Address	
	(Yes, no or unkown) ((Ifyes give wer or deles of service) no Re	v. R.T. Wallace Still Pond	Md
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	THE THE WALLES OF THE TOTAL	INTERVAL BETWEEN
	BART I DEATH WAS CAUSED BY		ONSET AND DEATH
П	IMMEDIATE CAUSE (a) Carallac fai	lun	(:)
1	421.4 DUE TO 0		
	Conditions, if any, which \ (b) Collegelii/W	valorelen heart discare	4/420.
	gave rise to immediate cause (e), stating the underlying DUE TO		
	cause last. (type uncle	i funnich	
	BART II OTHER COMPLETE COMPLETE CONTRIBUTION OF DEATH AND NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO		PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Pert I or Part II of item 18.)	The Later of the L
	OR CONTRIBUTING CAUSE OF DEATH	Tener hereit of thirty in tener of tener to those ton	
- 1			
		CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bldg., etc.)	ty) (State)
	p.m. 19 at work et work		
	21. I certify that (I) (this hospital) attended the deceased from	19 Feb , 1962 to 21 Feb , 196	that (I) (we) la
	01	death occured and 25%, from the causes and on the	
	22a. SIGNATURE	death occurred approximation in the courses and on the	22b. DATE
1	1 1 1	ATTENDING MED. STAFF	9 & BIGNE
1	22c. PHYSICIAN'S	22d. ADDRESS	2-1-6-42
Т	NAME (TYPE) HURSTON HARRISON	Cake diamband	
		Carry rang rang	
	(30. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	0.111 0 1 111	
	Burial 2/27/62 Still Pond	och:	
	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE
	Lennetto (sollar Chosta laun	Md- DATE FEB 2 7 '62 C Thur &	5
K	The state of the s	The same of	T. M. P. C.

MARYLAND STATE DEPARTMENT OF HEALTH

TREES OF AN LOS I SEE IN T. S. T. S. CO. and the second s The state of the second THE PURE CHILD Not the distance of the state o

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02378

		2.0001		
		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Reside	nce before edmission)
		a. COUNTY TO I RUT	e. STATE b. COUNTY	1
1	-	/ A L / D U / MARYLAND	MARYIAND IAID	OT
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give	e neerest lown)
/		EASTON 14 days	XEASTON K.T.D.	
A		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edificess)	d. STREET ADDRESS	e. IS RESIDENCE
)		11		ON A FARM?
		MEMORIAL HOSPITAL		YES NO
		NAME OF First Middle	Last 4. DATE Month De	y Year
		(Type or print) VIOLA KATIE WA	GRRICK DEATH FEB. 8	1962
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		
	7	Female Col WIDOWED DIVORCED	1-27-06 Sa yrs. Months Deys	Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
	9	ne during most of working life, even if rettred)	ha a mareland	01
	12	FATHER'S NAME	MARYIAND	11/11
	13.	D' A I	14. MOTHER'S MAIDEN NAME	
	12	Sekiamin Gibson	Sophie Blackwell	
1		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	
	(Ye	s, no, or unkown) (If yes give wer or detes of service)	we to Morning Forter	and
	-	- 17-4358 JA	INNITA WATTION, EASTON	770.
		18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).]		NTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	I kumlmin.	14 Leurs
		211	- Jewanna	1
		DUE TO	n.t	Q.
		Conditions, if any, which (b) Clubal	Willianschung	
		geve rise to immediate cause (e), stating the underlying DUE TO		
		anna last		
	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS ALITOPSY
1	힐	TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO SEATING TO	m of the	PERFORMED?
	3	Frabeles 1	Wells-lus	YES NO
	E	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Pert I or Pert II of item 18.)	
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	₹	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 1 20f. (City or town) (County)	(Stete)
	MEDICAL	11001 8.111.	ory, street, office bldg., etc.)	
	X	p.m. 19 at work et work		
		21. I certify that (I) (this hospital) attended the deceased from	7/28, 1959 to 2/8, 1962	that (I) (we) last
		saw the deceased alive on 2/8 19.62, and that		
		22e. SIGNATURE	deal decarde of the first the course of the ch	22b. DATE
		The signature	ATTENDING MED, STAFF	SIONED,
		1. 1. Columber M	D. PHYS. DIRECTOR PHYS.	2/1/62
		22c. PHYSICIAN'S	22d. ADDRESS	///
		NAME (Type) L. J. EGL SEDER M.	D. EASTON, MARYLAND	19/62
'	230	BURIAL, CREMATION, 236. DATE THEREOF 23c, NAME OF CEMETERY		(State)
	7.34	REMOVAL (Specify)	0 -	00-1
		ISURIAL 2-10-62 NICHAYO	s Cam, EAS+on,	Mai
A	34	UNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGN.	ATURE
y	1	some Sochwell. East	DATE 13 '62 Chiling S. Krau	LA .
,	1	wmy of Larry		

1-27-06 36 -/ 3) -- / Abs. -/-Housewife Dometic MARY And LUSA. Benjamin Gibson Sophie Blackwall morning Januth Marrick, Laster and. 31.5/3 PRURIA 2-10-62 Richards Com. Earton of the second of the second of the second of the second

FOR STATE HEALTH DEPT Page . Health, files.

TO DEPUTY MEN SAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the difficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral difficulty should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removel, and in any eyent within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 19209 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02379

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
e. COUNTY	o. STATE PNNA. b. COUNTY MONT GOMERY
A 160T MARYLAND	TENNA. MONIGOMERY
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL end give neerest town)	NOGERS FORD 25x.2
EAS to N I has 2Mi	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS ON A FARM?
Memorial Hospital	SOUTH LEWIS RD. BOX 438 YES NO P
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) Dankil A	OF 2
- TVIO ALVIN	well y
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male WIDOWED DIVORCED	DEC.36, 1941 lest birthdey) Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	
done during most of working life, even if relired) 570DENI.	
Itudent STUDENT.	LONNELICUI U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
R1 + 91: 11-+1	MARU MAURER
110084 MOIN WEITU	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgive were or detes of service)	
u uo	ELSON FUNERAL HOME SPRINGCITY PA.
1 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e)	baceration of KT burg
DUE TO TIKATER	1 1 1 2 . 0 1 4 . 0 1 2
Conditions, if eny, which \ (b) The only 1 acm.	nterstited 1 + Subvidances
geve rise to immediate cause	For Long The walk & MACHINE SWIE
(e), steting the underlying DUE TO	Tolertasis al 11/mas
cause lest. (c) (c)	10 10 ch 10 st 1 for my
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ils also	PERFORMED? YES DE NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury In Part I or Pert II of item 18.)
PRIMARY OF CONTRIBUTING	4 - 11
1/000000	n, Univerifiting Chest Skarmy law
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e. PL Hour e.m. While Not While fer work et work et work	thory, street, office bilds., etc.)
	7.19
21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes , Accident , Sui	cide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL COMMENT	
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S A	DEPUTY MEDICAL EXAMINER
NAME (Type) - 1 Lyonylon	Address (Street, city, town, or county)
220. BUMAL, CREMATION, 225 DATE THEREOF 22c. MAME OF CEMETERY C	R CREMATORY 22d, LOCATION (City, town, or country) (Stete)
(MM9) AL (SMOTH) FEB. 1 1012 HIBUILAIN	MEM. PARK POTTSTAWN PA.
1 - 1, 176L 17 GALANUT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
23. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
INELSON FUNEKAL HOME INC. SPRING C.	DATE SER 7 162 DA OF
	1 DATE FEB 1 167 Cotting & Trans

137 - 25 - 3 TUSTITED TO to south MARKY WALKER. ATTEND MINITE FORDER ALL MENT DEVENTION WITH MARTETER WESCHOOL GRAND STREET STANK

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 max be retained by the hospital or attending physician. Stock of the complete of the following physician and completely filled the funeral of the funeral or attending physician and completely filled the funeral or director, page 3 small be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 hours after death.

MARYLAND STATE DEPARTMENT OF HEALT

	WAKILARD STATE DEPAKTM	ENI OF HEALI	1
DIVISION	OF STATISTICAL RESEARCH AND RECORDS, 301 W.	PRESTON STREET,	BALTIMORE 1, MARYLAND
	CERTIFICATE OF D	DEATH	02220

02202		0,000
1. PLACE OF DEATH SOUNTY Falls.		CE (Where discessed lived, If institution Residence before edmission)
b. GITY OR TOWN (if outside corporate limits, write IVAL) and give regrest your UNIL)	c. LENGTH OF STAY IN 16 c. CLY OR TOYN (I	foutside (orporate limits, write RURAL and give neerest town)
Kio Vista Mursing Hon	spitel, give street eddress) d. STREET ADDRESS	8. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) John A.	Wheable. Lest	4. DATE OF DEATH Feb., 28, Day Yeer 1962
Mall While WIDOW		9. AGE (In years lest birthday) 73 yrs. IF UNDER 1 YEAR Months Days Hours Min.
Kellied Minister -	KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE COU	ng & Stote, of toreign country) 12. CITIZEN OF WART COUNTRY?
Willeam A. Which	14. NOTHER'S MAIDEN	runa awaley.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (Ifyes give were detes of service)	17-36-2199 Mes Natur	A. Wheaver Sherwood Md.
18. CAUSE OF DEATH Enter only one ceuse per PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	line for (e), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which (b) (b)	flesengel	icos
(a), steling the underlying ceuse lest.	crofe landle combined in NTIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	* cardio Vas. d. HAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Chronic careline Ro	Para Diahetern	reflices YES NO X
	SCRIBE HOW INJURY OCCURED. (Enfer neture of injury in	
20c. TIME OF INJURY Month, Dey, Year 20d. Whith Hour a.m. 19 ef wo		
		19 to 2 that (I) (we) lase M, from the causes and on the date stated above
220. SIGNATURE		AED. STAFF SIGNED 3-1-62
22c. CHYSICIAM'S MAME CYCLE ME THE COLOR	esery stone	ichaels my
238. BURIAL, CREMATION, 230, DATE THEREOF	Sh junes Existingal Com.	23d. Splation (City, town or county) (Splite)
Maurice & Vicio Mary Xx	for addression Md. DATE	5'62 Cushus S. Mana

Carso Little (Red) Res livere Muranez plant 11/101 11/845 Thate white Hotel Carbins 162 Retriet Manutes alley Halley Lee Markette Alleber Leaver No 217-36-2189 Laud Must 1864 It Junis Gerigal Con. Thuge it Maine Elfrir Hundry Easter Mel us s

the funeral and 2 should ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour death. Page 4 m/s, be retained by the hospital or attending physician.

TO FUNERAL X CIOR: After this certificate has been signed by the attending physician and completely filled director, page 3 stroughed for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61 80

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02381

a. COUNTY	2. USUAL RESIDENCE (Where deceased leved, it institutions Residence before admission)			
Talbot MARYLAND	a. STATE MAR JOANS b. COUNTY TALROT			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
Easton 50 days	29 FASTON			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
Memorial Hospital	INIS. HARRISON YES NO DE			
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year			
(Type or print) Mc Kenny	Willis Se DEATH TEXPURPY 12 19 62			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.			
WIDOWED DIVORCED []	May 7 1868 93 yrs. Months Days Hours Min.			
10a. USBAL OCCUPATION (Give kind of work done during most of working life, even if refired)	11/ BIRTH/LACE (County & Steta, or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
PETIRED FARMER	TALBOTC, CLARYLAND 11. J.4			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
CAMES IT. VILLIS	VIRGINIA HARRIS			
15. WAS DICEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yas, np. of unknown) (If yes give wer or dates of service)	INFORMANT			
No 215-38-1063	I MCKENNEY WILLISMA. EASTON /1X			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Wille Hun Swen - To gette			
DUE TO	+ 2010 -			
Conditions, if any, which (b)				
gava risa to immediate causa				
(a), stating the underlying cause last.				
(0)	DE RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY			
Round I de ald a come le	Le La La College Alla Performed			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMENT YES NO. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.)				
OP. CONTRIBUTING CAUSE OF DEATH	tender results of injury in rain to rain in our name is.)			
	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) tory, street, office bldg., atc.)			
p.m. 19 at work at work				
21. I certify that (I) (this hospital) attended the degreesed from	196 to 196 that (I) (we) last			
saw the deceased alive on 19.6. and that	death occured at			
22a. SIGNATURE	ATTENDING MED. STAFF SIGNED			
	C.D. Times			
226. PHYSICIAN'S NAME (Type) WILLIAM & ILLIANTERS	22d. ADDRESS FACTENIAN			
THE PROPERTY AND THE PR	OR CREMATORY 23d, LOCATION (City, fown or county) (State)			
236 BURIAL CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERS	OR CREMATORY 23d. LOCATION (Gity, fown or county) (State)			
the first of the stand to	The state of the s			
24 FUNERAL DIRECTOR'S SIGNATURE	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE			
1 y the year Seners in 10	DATE FEB 1 9 62 Carlley S. Kraus			

\$8ZS0 Late of Longith Harl Store Buch Threathrenia my to Which the lice

y the funeral and 2 should TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 per be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A1S (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02395 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before edgnission)
a. COUNTY TALBOT MARYLAND	" MEDRY LAND 6. COUNTY CAROLINE
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside cognorate limits, write RURAL end give nearest town)
EASTON 65 days	11) ENTON D5x2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add (ss)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Exster Memorial Hospital	YES NO D
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Wilmer Edgar	Willis DEATH 76 13 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (If yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months) Days Hours Min.
WIDOWED DIVORCED	NOV 3, 1955 6 yrs.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, avan if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
40 PATURDIC MANY	MINGLAND) (1810
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLDAM WILLDS	1 10 CM 12 TEL TELLION
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyasgivewarordatasofservica)	INFORMANT
Lie delton on present	1918, Whi, Willie, Joulow lend.
18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Inanition	2mo.
353.3 DUE TO 01 . 0 .	5 0 . 10 + 0 + 1 + 1 + 1
Conditions, if any, which gave rise to immediate cause	Syndrome; Mental retardates sina on
(e), steting the underlying DUE TO	2
cause last. (c) Efficiency	Lgi
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
45	YES NO X
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter natura of injury in Part I or Part II of itam 18.)
Hour a.m. While Not While fa	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
7	12-10-101 10 . 2-12 1067 11 (0)
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on	t death occured at A.M., from the causes and on the date stated above,
John & Bay buth	A.D. PHYS. DIRECTOR PHYS. 2-15-62
22c. PHYSICIAN'S NAME (Type) John E. Bayoutt, M. D.	22d. ADDRESS
REMOVAL (Specify) 7 T. 17.1962 23c. NAME OF CEMETERY	OR CREMATORY 233 LOCATION (City, town or county) (Steta)
24 TUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Curing S. Trans
y for formation of the work	

CSSSS TO THE THE PROPERTY OF DESCRIPTION